## PART B - FEE(S) TRANSMITTAL

omplete and this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450



or Fax (571) 273-2885

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maintenance Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 10/04/2005 Dartids B. Ritchie THELEN REID & PRIEST LLP Certificate of Mailing or Transmission I hereby certify that this Fec(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. P.O. BOX 640640 SAN JOSE, CA 95164-0640 (Depositor's name Beatrice Orozco 01/09/2006 SHASSENE 00000018-501698- 09802410 (Signature Atrice 01 FC:1501 14<del>00.00 DA</del> (Date FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. APPLICATION NO. FILING DATE 09/802,410 03/09/2001 CISCO-3287 5422 TITLE OF INVENTION: DYNAMIC MULTI-HÖP PRIGRESSTÖREGRESSTÖRERRESSTÜLTFRIEDNICK MARKEN/2006 SHASSEN2 0000019 09802410 SADOLOD OP 01 FC#1501 01 FC:1501 1400.00 DP APPLN. TYPE SMALL ENTITY **ISSUE FEE PUBLICATION FEE** TOTAL FEE(S) DUE DATE DUE NO \$1400 \$1400 01/04/2006 nonprovisional **EXAMINER** ART UNIT **CLASS-SUBCLASS** SAM. PHIRIN 2661 370-466000 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list I Thelen Reid & Priest LLP (1) the names of up to 3 registered patent attorneys ☑ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. or agents OR, alternatively, 2 John P. Schaub (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

Cisco Technology, Inc.

(A) NAME OF ASSIGNEE

San Jose, California

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

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